

Integration of a Swiss Nurse Practitioner (SNP) in the Medical Ward of an Acute Teaching Hospital: An Interprofessional Team Approach and Implications for the Future

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SNP – Scope of Practice From Admission to Discharge

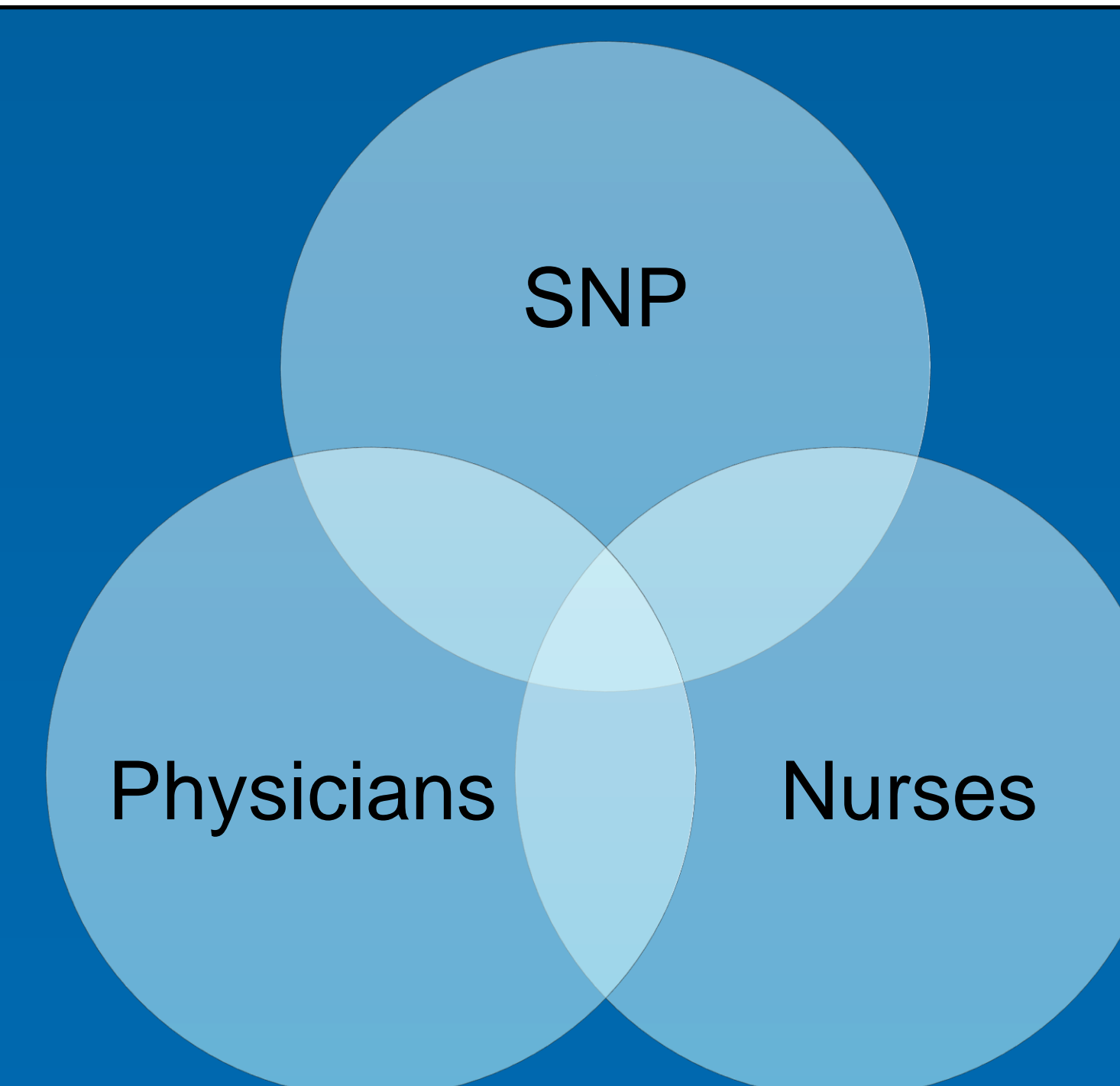


Introduction

Nurse Practitioners (NP) have been established in North America, Australia and some European countries in ambulatory as well as in specialized inpatient services. In Switzerland, the ever increasing demand of physicians in Hospitals and in Primary Care Practice is not matched by the limited number of graduates from Medical Schools. We hypothesize that a Swiss Nurse Practitioner (SNP) model, embedded in the medical services of an acute hospital, could fill this gap and that particularly the patients will benefit from the specific knowhow of the SNP and the quality and continuity of the interprofessional care.

Methods

The first author, an experienced clinical nurse, is now a graduate student in nursing sciences with a major in Clinical Excellence. During her 3year practice development project she is working on the private medical ward in close collaboration with the fellow in charge and under the direct supervision of the department head. Her clinical profile is constantly developed along with her competencies acquired in her study program and according to practical hospital requirements. She is part of the daily medical rounds together with the fellows in training. She obtains and presents the patient history and her findings from the clinical assessment. She continuously increases her scope of practice and also provides patient and family caregiver education in particularly complex situations.



Results

First experiences with the work profile of the SNP are promising, with continuity of care increasing. The patients' feedback is positive, as they are satisfied with the detailed and complementary information and services. Nurses on the ward and doctors in training both benefit from her clinical judgment. The time required for the patient management by the department head is substantially shorter along with increased satisfaction of all players involved.

Conclusions

- The SNP ensures continuity of care and has an interprofessional bridging function within the medical team as well as with patients and caregivers.
- The SNP profile may well fill the gap between the forecasted physician shortages and the demand in the acute hospital setting.
- The economic impact of the model remains to be determined, but based on simple projections so far it appears promising.